



**ACCREDITATION
AGRÉMENT**
CANADA
Qmentum

Accreditation Report

Canadian Mental Health Association - Haliburton, Kawartha, Pine Ridge Branch

Peterborough, ON

On-site survey dates: November 20, 2017 - November 23, 2017

Report issued: December 11, 2017

About the Accreditation Report

Canadian Mental Health Association - Haliburton, Kawartha, Pine Ridge Branch (referred to in this report as “the organization”) is participating in Accreditation Canada’s Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted in November 2017. Information from the on-site survey as well as other data obtained from the organization were used to produce this Accreditation Report.

Accreditation results are based on information provided by the organization. Accreditation Canada relies on the accuracy of this information to plan and conduct the on-site survey and produce the Accreditation Report.

Confidentiality

This report is confidential and is provided by Accreditation Canada to the organization only. Accreditation Canada does not release the report to any other parties.

In the interests of transparency and accountability, Accreditation Canada encourages the organization to disseminate its Accreditation Report to staff, board members, clients, the community, and other stakeholders.

Any alteration of this Accreditation Report compromises the integrity of the accreditation process and is strictly prohibited.

A Message from Accreditation Canada

On behalf of Accreditation Canada's board and staff, I extend my sincerest congratulations to your board, your leadership team, and everyone at your organization on your participation in the Qmentum accreditation program. Qmentum is designed to integrate with your quality improvement program. By using Qmentum to support and enable your quality improvement activities, its full value is realized.

This Accreditation Report includes your accreditation decision, the final results from your recent on-site survey, and the instrument data that your organization has submitted. Please use the information in this report and in your online Quality Performance Roadmap to guide your quality improvement activities.

Your Program Manager or Client Services Coordinator is available if you have questions or need guidance.

Thank you for your leadership and for demonstrating your ongoing commitment to quality by integrating accreditation into your improvement program. We welcome your feedback about how we can continue to strengthen the program to ensure it remains relevant to you and your services.

We look forward to our continued partnership.

Sincerely,



Leslee Thompson
Chief Executive Officer

Table of Contents

Executive Summary	1
Accreditation Decision	1
About the On-site Survey	2
Overview by Quality Dimensions	3
Overview by Standards	4
Overview by Required Organizational Practices	6
Summary of Surveyor Team Observations	7
Detailed On-site Survey Results	8
Priority Process Results for System-wide Standards	9
Priority Process: Governance	9
Priority Process: Planning and Service Design	10
Priority Process: Resource Management	11
Priority Process: Human Capital	12
Priority Process: Integrated Quality Management	13
Priority Process: Principle-based Care and Decision Making	14
Priority Process: Communication	15
Priority Process: Physical Environment	16
Priority Process: Emergency Preparedness	17
Priority Process: Patient Flow	18
Priority Process: Medical Devices and Equipment	19
Service Excellence Standards Results	20
Standards Set: Community-Based Mental Health Services and Supports - Direct Service Provision	20
Standards Set: Infection Prevention and Control Standards for Community-Based Organizations - Direct Service Provision	23
Standards Set: Medication Management Standards for Community-Based Organizations - Direct Service Provision	24
Instrument Results	25
Governance Functioning Tool (2016)	25
Canadian Patient Safety Culture Survey Tool: Community Based Version	28
Worklife Pulse	30
Client Experience Tool	32

Appendix A - Qmentum	33
Appendix B - Priority Processes	34

Executive Summary

Canadian Mental Health Association - Haliburton, Kawartha, Pine Ridge Branch (referred to in this report as “the organization”) is participating in Accreditation Canada's Qmentum accreditation program. Accreditation Canada is an independent, not-for-profit organization that sets standards for quality and safety in health care and accredits health organizations in Canada and around the world.

As part of the Qmentum accreditation program, the organization has undergone a rigorous evaluation process. Following a comprehensive self-assessment, external peer surveyors conducted an on-site survey during which they assessed this organization's leadership, governance, clinical programs and services against Accreditation Canada requirements for quality and safety. These requirements include national standards of excellence; required safety practices to reduce potential harm; and questionnaires to assess the work environment, patient safety culture, governance functioning and client experience. Results from all of these components are included in this report and were considered in the accreditation decision.

This report shows the results to date and is provided to guide the organization as it continues to incorporate the principles of accreditation and quality improvement into its programs, policies, and practices.

The organization is commended on its commitment to using accreditation to improve the quality and safety of the services it offers to its clients and its community.

Accreditation Decision

Canadian Mental Health Association - Haliburton, Kawartha, Pine Ridge Branch's accreditation decision is:

Accredited with Exemplary Standing

The organization has attained the highest level of performance, achieving excellence in meeting the requirements of the accreditation program.

About the On-site Survey

- **On-site survey dates: November 20, 2017 to November 23, 2017**

- **Locations**

The following locations were assessed during the on-site survey. All sites and services offered by the organization are deemed accredited.

1. Canadian Mental Health Association - Peterborough Location
2. Canadian Mental Health Association -Kawartha Lakes location
3. Canadian Mental Health Association- Administration Lindsay & Peterborough

- **Standards**

The following sets of standards were used to assess the organization's programs and services during the on-site survey.

System-Wide Standards

1. Governance
2. Infection Prevention and Control Standards for Community-Based Organizations
3. Leadership Standards for Small, Community-Based Organizations
4. Medication Management Standards for Community-Based Organizations

Service Excellence Standards

5. Community-Based Mental Health Services and Supports - Service Excellence Standards









- **Instruments**

The organization administered:

1. Governance Functioning Tool (2016)
2. Canadian Patient Safety Culture Survey Tool: Community Based Version
3. Worklife Pulse
4. Client Experience Tool

Overview by Quality Dimensions

Accreditation Canada defines quality in health care using eight dimensions that represent key service elements. Each criterion in the standards is associated with a quality dimension. This table shows the number of criteria related to each dimension that were rated as met, unmet, or not applicable.

Quality Dimension	Met	Unmet	N/A	Total
 Population Focus (Work with my community to anticipate and meet our needs)	25	0	2	27
 Accessibility (Give me timely and equitable services)	10	0	2	12
 Safety (Keep me safe)	88	0	17	105
 Worklife (Take care of those who take care of me)	50	0	0	50
 Client-centred Services (Partner with me and my family in our care)	70	1	0	71
 Continuity (Coordinate my care across the continuum)	8	0	0	8
 Appropriateness (Do the right thing to achieve the best results)	183	1	26	210
 Efficiency (Make the best use of resources)	20	0	0	20
Total	454	2	47	503

Overview by Standards

The Qmentum standards identify policies and practices that contribute to high quality, safe, and effectively managed care. Each standard has associated criteria that are used to measure the organization's compliance with the standard.

System-wide standards address quality and safety at the organizational level in areas such as governance and leadership. Population-specific and service excellence standards address specific populations, sectors, and services. The standards used to assess an organization's programs are based on the type of services it provides.

This table shows the sets of standards used to evaluate the organization's programs and services, and the number and percentage of criteria that were rated met, unmet, or not applicable during the on-site survey.

Accreditation decisions are based on compliance with standards. Percent compliance is calculated to the decimal and not rounded.

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Governance	45 (100.0%)	0 (0.0%)	5	36 (100.0%)	0 (0.0%)	0	81 (100.0%)	0 (0.0%)	5
Leadership Standards for Small, Community-Based Organizations	40 (100.0%)	0 (0.0%)	0	68 (100.0%)	0 (0.0%)	2	108 (100.0%)	0 (0.0%)	2
Infection Prevention and Control Standards for Community-Based Organizations	20 (100.0%)	0 (0.0%)	14	42 (100.0%)	0 (0.0%)	5	62 (100.0%)	0 (0.0%)	19
Medication Management Standards for Community-Based Organizations	23 (100.0%)	0 (0.0%)	7	32 (100.0%)	0 (0.0%)	8	55 (100.0%)	0 (0.0%)	15
Community-Based Mental Health Services and Supports	42 (97.7%)	1 (2.3%)	1	92 (98.9%)	1 (1.1%)	1	134 (98.5%)	2 (1.5%)	2
Total	170 (99.4%)	1 (0.6%)	27	270 (99.6%)	1 (0.4%)	16	440 (99.5%)	2 (0.5%)	43

* Does not include ROP (Required Organizational Practices)

Overview by Required Organizational Practices

A Required Organizational Practice (ROP) is an essential practice that an organization must have in place to enhance client safety and minimize risk. Each ROP has associated tests for compliance, categorized as major and minor. All tests for compliance must be met for the ROP as a whole to be rated as met.

This table shows the ratings of the applicable ROPs.

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Safety Culture			
Accountability for Quality (Governance)	Met	4 of 4	2 of 2
Patient safety incident disclosure (Leadership Standards for Small, Community-Based Organizations)	Met	4 of 4	2 of 2
Patient safety incident management (Leadership Standards for Small, Community-Based Organizations)	Met	6 of 6	1 of 1
Patient safety quarterly reports (Leadership Standards for Small, Community-Based Organizations)	Met	1 of 1	2 of 2
Patient Safety Goal Area: Communication			
Information transfer at care transitions (Community-Based Mental Health Services and Supports)	Met	4 of 4	1 of 1
Medication reconciliation as a strategic priority (Leadership Standards for Small, Community-Based Organizations)	Met	4 of 4	2 of 2
Medication reconciliation at care transitions (Community-Based Mental Health Services and Supports)	Met	4 of 4	1 of 1

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Worklife/Workforce			
Patient safety plan (Leadership Standards for Small, Community-Based Organizations)	Met	2 of 2	2 of 2
Patient safety: education and training (Leadership Standards for Small, Community-Based Organizations)	Met	1 of 1	0 of 0
Preventive Maintenance Program (Leadership Standards for Small, Community-Based Organizations)	Met	3 of 3	1 of 1
Workplace Violence Prevention (Leadership Standards for Small, Community-Based Organizations)	Met	6 of 6	2 of 2
Patient Safety Goal Area: Infection Control			
Hand-Hygiene Compliance (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	2 of 2
Hand-Hygiene Education and Training (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	0 of 0
Patient Safety Goal Area: Risk Assessment			
Suicide Prevention (Community-Based Mental Health Services and Supports)	Met	5 of 5	0 of 0

Summary of Surveyor Team Observations

The surveyor team made the following observations about the organization's overall strengths, opportunities for improvement, and challenges.

The organization has experienced growth and consolidation since the last on-site survey and since the amalgamation of two Canadian Mental Health Association (CMHA) branches. CMHA Haliburton, Kawartha, and Pine Ridge is a unified organization that has launched a new strategic plan. It has reaffirmed the mission, vision, and values that guide its work in the communities it serves. The organization offers an array of services to meet identified needs.

The organization and the board of directors are strategic thinkers with a view to the future. They have been active in raising the organization's profile and building its reputation, as confirmed by community partners. The organization actively engages the community and promotes mental health, and has positive working relationships with community partners.

There is an obvious investment in quality. Staff and teams have received specialized training, there are quality projects and initiatives, and the latest quality plan is synchronized with the strategic plan. There is great attention to detail as evidenced by the currency of policies, procedures, and practices.

Strengths include an experienced management team that provides strong leadership, effective bridges into the community, and positive relationships with other health care organizations. The staff have a passion for their jobs and the work they do with the clients.

The organization has increased and developed its capacity to involve people with lived experience in guiding program delivery. Through this and via community partnerships the organization shows a depth of knowledge of issues facing the community now and into the future. The community members involved appreciate the opportunity to work with the CMHA Haliburton, Kawartha, and Pine Ridge and ask that the organization continue to ensure they are meaningfully consulted in the future.

One concern the organization will need to continue to address is staff turnover. It acknowledges this operational issue and has been working on a solution. Community partners say that turnover is affecting the organization's reputation. For example, clients are distressed at the loss of a valued case manager and community agencies are decreasing the number of referrals as they anticipate a long wait list related to staff shortages. The partners also highlight that service gaps remain in the communities served for specific and vulnerable populations. While they do not suggest that the organization owns these issues, they do express confidence that they could collaborate with CMHA to find solutions.

Possible areas for the organization to consider include examining the possibility of incorporating spiritual care into its work or a developing partnership with organizations that can meet clients' needs in this area, the ongoing impact of addictions in the community, and demographic changes such as an increased senior population. Finally, in light of its strong quality agenda and depth of experience in mental health, participating in research activities could be considered.

Detailed On-site Survey Results

This section provides the detailed results of the on-site survey. When reviewing these results, it is important to review the service excellence and the system-wide results together, as they are complementary. Results are presented in two ways: first by priority process and then by standards sets.

Accreditation Canada defines priority processes as critical areas and systems that have a significant impact on the quality and safety of care and services. Priority processes provide a different perspective from that offered by the standards, organizing the results into themes that cut across departments, services, and teams.

For instance, the patient flow priority process includes criteria from a number of sets of standards that address various aspects of patient flow, from preventing infections to providing timely diagnostic or surgical services. This provides a comprehensive picture of how patients move through the organization and how services are delivered to them, regardless of the department they are in or the specific services they receive.



During the on-site survey, surveyors rate compliance with the criteria, provide a rationale for their rating, and comment on each priority process.

Priority process comments are shown in this report. The rationale for unmet criteria can be found in the organization's online Quality Performance Roadmap.

See Appendix B for a list of priority processes.

INTERPRETING THE TABLES IN THIS SECTION: The tables show all unmet criteria from each set of standards, identify high priority criteria (which include ROPs), and list surveyor comments related to each priority process.

High priority criteria and ROP tests for compliance are identified by the following symbols:

	High priority criterion
	Required Organizational Practice
MAJOR	Major ROP Test for Compliance
MINOR	Minor ROP Test for Compliance

Priority Process Results for System-wide Standards

The results in this section are presented first by priority process and then by standards set.

Some priority processes in this section also apply to the service excellence standards. Results of unmet criteria that also relate to services should be shared with the relevant team.

Priority Process: Governance

Meeting the demands for excellence in governance practice.

The organization has met all criteria for this priority process.
Surveyor comments on the priority process(es)
<p>The board of directors is composed of active community members, representing specific communities in the organization’s catchment area. By using a skills matrix, the board recruits members with the strengths and knowledge it needs.</p> <p>The board of directors works transparently, as is evidenced by its posting of all board meeting minutes on the website and by regular functions that are open to members and the public. This includes the annual general meeting.</p> <p>The board focuses on oversight. The board is clear about its mandate and ensures it does not interfere with operations.</p> <p>The board regularly receives presentations from the organization’s programs. The presentations are opportunities to hear about the program’s quality plans, increase its knowledge of the services provided, and better understand the community’s needs.</p> <p>The board was active in developing the new strategic plan. Board members are aware of issues facing the organization, the needs of the community, and the political environment. To better appreciate the community’s needs and views, there is access to LEAP, a client advisory body.</p> <p>The board has a good working relationship with the CEO, and a succession plan is in place</p>

Priority Process: Planning and Service Design

Developing and implementing infrastructure, programs, and services to meet the needs of the populations and communities served.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization recently completed a new strategic plan, where it revisited the mission, vision, and values. The clients, community, staff, and board of directors were consulted and asked to contribute to the refreshed mission, vision, and values.

The strategic plan has three focus points: the clients, the community, and the organization. The operational plan has been integrated with the organization's quality plan. Each program team has assigned roles and objectives in accomplishing the organizational objectives related to the strategic plan.

The senior management team uses the mission statement when considering service changes or program additions.

The organization works with community partners and other service providers to review community service needs. It works collaboratively to coordinate efforts and ensure the most suitable organization provides services.

Priority Process: Resource Management

Monitoring, administering, and integrating activities related to the allocation and use of resources.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization attends to financial planning, resource allocation, and financial controls. There are yearly audits, fiscal responsibility (positive variances), reporting requirements for major funders, and awareness of financial risks.

A board member participates on the Finance Committee and is regularly and consistently apprised of the organization's financial status. The board has recruited members with financial acumen and experience, assisting its ability to provide oversight.

Priority Process: Human Capital

Developing the human resource capacity to deliver safe, high quality services.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization is aware that maintaining a talented team, including in human resources, is key to delivering services and meeting its mandate. It has been dealing with issues of staff retention, acknowledging that it cannot compete with the pay scales of larger organizations. Community partners have noticed the turnover and suggest it is beginning to impact the organization's functional ability in some areas.

Priority Process: Integrated Quality Management

Using a proactive, systematic, and ongoing process to manage and integrate quality and achieve organizational goals and objectives.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization has a robust quality management strategy and plan. It has aligned the strategic plan, strategic priorities, and objectives within a quality framework. Quality initiatives are used to help accomplish objectives.

The plans are well documented in a format that is easy to understand and reflects progress.

Staff have received specific training in quality management and are given the opportunity to use those skills.

Priority Process: Principle-based Care and Decision Making

Identifying and making decisions about ethical dilemmas and problems.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization has developed a sound ethical framework. There is a clear orientation package for every new staff member, and ongoing training in ethics. The Ethics Committee is well resourced and has a large membership, indicating the organization's interest in and focus on ethics.

There is a clear ethics policy and procedure on how submit a research proposal for approval. No current research is underway.

Priority Process: Communication

Communicating effectively at all levels of the organization and with external stakeholders.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The communications plan builds on previous plans and addresses internal and external communications. Consistent work in this area has advanced the organization's profile in the communities served, highlighting programs and combating stigma. With regard to internal communications, changes were made to the internal plan in response to issues noted in the recent Worklife Pulse Tool results.

The electronic medical record has a multi-layered backup system and a number of security features. Regular audits are done to monitor appropriate accessing of client information.

Policies and procedures are in place regarding clients' ability to access personal information. Examples were provided of how staff operationalize these policies effectively.

Priority Process: Physical Environment

Providing appropriate and safe structures and facilities to achieve the organization's mission, vision, and goals.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization has many day care buildings and the main headquarters as the base of operations.

Buildings that were visited are well organized, clean, well ventilated, and bright. All the systems are functional and there are several backup systems.

The building supervisor identified that many changes to the utility systems are in the immediate replacement phase. He is very passionate about his work and seems to have an excellent memory about his possessions.

Spaces are well used and many mirrors in the corridors help with navigation.

Priority Process: Emergency Preparedness

Planning for and managing emergencies, disasters, or other aspects of public safety.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization has invested time and effort into emergency preparation. Clear and comprehensive policies guide the preparation for emergencies and other significant events.

Equipment, practices, and drills are up to date.

The organization has active relationships with relevant community partners such as public health, fire, police, and local health care facilities.

Priority Process: Patient Flow

Assessing the smooth and timely movement of clients and families through service settings.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization is very client focused. It is aware of its mandate and responsibility to provide residential and counselling services as well as crisis intervention services.

Strategies have been put in place to reduce wait lists and increase services and pick up from the wait lists to a very manageable levels.

There is no wait list for the justice program at Kawartha Lakes.

Priority Process: Medical Devices and Equipment

Obtaining and maintaining machinery and technologies used to diagnose and treat health problems.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization has a limited number of medical devices. There are relevant and up-to-date policies and procedures related to management and maintenance of the equipment.

There is a clear, easy-to-understand system for appropriate cleaning of the equipment.

The organization does not have any equipment requiring sterilization or reprocessing.

Service Excellence Standards Results

The results in this section are grouped first by standards set and then by priority process.

Priority processes specific to service excellence standards are:

Infection Prevention and Control for Community-Based Organizations

- Infection Prevention and Control for Community-Based Organizations

Medication Management for Community-Based Organizations

- Medication Management for Community-Based Organizations

Clinical Leadership

- Providing leadership and direction to teams providing services.

Competency

- Developing a skilled, knowledgeable, interdisciplinary team that can manage and deliver effective programs and services.

Episode of Care

- Partnering with clients and families to provide client-centred services throughout the health care encounter.

Decision Support

- Maintaining efficient, secure information systems to support effective service delivery.

Impact on Outcomes

- Using evidence and quality improvement measures to evaluate and improve safety and quality of services.

Standards Set: Community-Based Mental Health Services and Supports - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	

4.2 Credentials, qualifications, and competencies are verified, documented, and up-to-date.



10.6 Access to spiritual space and care is provided to meet clients' needs.

Priority Process: Episode of Care

The organization has met all criteria for this priority process.

Priority Process: Decision Support

The organization has met all criteria for this priority process.

Priority Process: Impact on Outcomes

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The organization is a very progressive, forward thinking, and ambitious place to work, in spite of low wages. It is a lifestyle choice for many staff who really enjoy coming to work and find it fulfilling and satisfying.

One staff member commented that it is a "dream job."

Clients from various locations who were interviewed all expressed enormous satisfaction and gratitude for the services they receive.

Priority Process: Competency

The organization checks nursing licenses and credentials at the time of hiring but not on an annual basis after that.

Ontario Common Assessment of Need (OCAN) is used to identify spiritual needs. Clients are referred to local religious groups and accompanied there initially if requested. There is no space for or provision of spiritual care in the organization.

Priority Process: Episode of Care

Sex offenders are not provided services because there is no local expertise available for it.

Client and family needs are met from Monday to Friday during office hours and sometimes after hours if a client works during the day.

There is a list of staff available for translation for various languages and other language needs are met by contacting the New Canadians Centre.

Informed consent is obtained in writing and renewed every year.

Each client is given a welcome package that contains information regarding community resources, services provided, the privacy policy, general complaints, feedback policies, and wellness information.

O CAN is done every six months and there are built-in prompts in the CRMS software.

Ontario Perception of Care is the feedback scale used for clients.

Clients are measured on generalized anxiety disorder, Patient Health Questionnaire, O CAN, and suicide risk scales at the start of their engagement with the organization. They are measured again periodically and at the end-of-service contact.

Priority Process: Decision Support

CRMS is the electronic health/medical record system of record keeping in this paperless organization

Documentation is required to be completed within 24 hours of every contact.

Priority Process: Impact on Outcomes

There is no research being currently conducted in the organization.

Standards Set: Infection Prevention and Control Standards for Community-Based Organizations - Direct Service Provision

Unmet Criteria	High Priority Criteria
----------------	------------------------

Priority Process: Infection Prevention and Control for Community-Based Organizations

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Infection Prevention and Control for Community-Based Organizations

The organization has a small population of people needing intensive case management who are on long acting injectables, and safety engineered devices are used.

No external agencies provide cleaning services.

The organization does not provide nursing care to crisis beds.

Standards Set: Medication Management Standards for Community-Based Organizations - Direct Service Provision

Unmet Criteria	High Priority Criteria
----------------	------------------------

Priority Process: Medication Management for Community-Based Organizations

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Medication Management for Community-Based Organizations

No pharmacists or physicians are on staff to use the Institute for Safe Medication Practices "Do Not Use" list. There is no pharmacy or formulary to use, prescribe, or manage high-alert medications. Clients get medications directly from their pharmacies; the organization is not involved in securing medication for them.

The organization does not use any time-sensitive medications, multi-dose vials, samples, medication delivery devices such as infusion pumps, vaccines, or emergency medications, night time, or PRNs. It does not service clients who need pediatric dosing.

Instrument Results

As part of Qmentum, organizations administer instruments. Qmentum includes three instruments (or questionnaires) that measure governance functioning, patient safety culture, and quality of worklife. They are completed by a representative sample of clients, staff, senior leaders, board members, and other stakeholders.

Governance Functioning Tool (2016)

The Governance Functioning Tool enables members of the governing body to assess board structures and processes, provide their perceptions and opinions, and identify priorities for action. It does this by asking questions about:

- Board composition and membership
- Scope of authority (roles and responsibilities)
- Meeting processes
- Evaluation of performance

Accreditation Canada provided the organization with detailed results from its Governance Functioning Tool prior to the on-site survey through the client organization portal. The organization then had the opportunity to address challenging areas.

- **Data collection period: January 16, 2017 to March 2, 2017**
- **Number of responses: 10**

Governance Functioning Tool Results

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	% Agree * Canadian Average
	Organization	Organization	Organization	
1. We regularly review and ensure compliance with applicable laws, legislation, and regulations.	0	0	100	N/A
2. Governance policies and procedures that define our role and responsibilities are well documented and consistently followed.	0	0	100	N/A
3. Subcommittees need better defined roles and responsibilities.	70	20	10	N/A
4. As a governing body, we do not become directly involved in management issues.	20	0	80	N/A
5. Disagreements are viewed as a search for solutions rather than a "win/lose".	10	0	90	N/A

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
6. Our meetings are held frequently enough to make sure we are able to make timely decisions.	0	0	100	N/A
7. Individual members understand and carry out their legal duties, roles, and responsibilities, including subcommittee work (as applicable).	0	0	100	N/A
8. Members come to meetings prepared to engage in meaningful discussion and thoughtful decision making.	0	10	90	N/A
9. Our governance processes need to better ensure that everyone participates in decision making.	90	0	10	N/A
10. The composition of our governing body contributes to strong governance and leadership performance.	0	0	100	N/A
11. Individual members ask for and listen to one another's ideas and input.	0	10	90	N/A
12. Our ongoing education and professional development is encouraged.	0	0	100	N/A
13. Working relationships among individual members are positive.	0	0	100	N/A
14. We have a process to set bylaws and corporate policies.	0	0	100	N/A
15. Our bylaws and corporate policies cover confidentiality and conflict of interest.	0	0	100	N/A
16. We benchmark our performance against other similar organizations and/or national standards.	10	10	80	N/A
17. Contributions of individual members are reviewed regularly.	40	10	50	N/A
18. As a team, we regularly review how we function together and how our governance processes could be improved.	10	0	90	N/A
19. There is a process for improving individual effectiveness when non-performance is an issue.	30	30	40	N/A
20. As a governing body, we regularly identify areas for improvement and engage in our own quality improvement activities.	10	20	70	N/A

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
21. As individual members, we need better feedback about our contribution to the governing body.	50	20	30	N/A
22. We receive ongoing education on how to interpret information on quality and patient safety performance.	30	30	40	N/A
23. As a governing body, we oversee the development of the organization's strategic plan.	0	0	100	N/A
24. As a governing body, we hear stories about clients who experienced harm during care.	30	10	60	N/A
25. The performance measures we track as a governing body give us a good understanding of organizational performance.	0	0	100	N/A
26. We actively recruit, recommend, and/or select new members based on needs for particular skills, background, and experience.	0	0	100	N/A
27. We lack explicit criteria to recruit and select new members.	100	0	0	N/A
28. Our renewal cycle is appropriately managed to ensure the continuity of the governing body.	0	0	100	N/A
29. The composition of our governing body allows us to meet stakeholder and community needs.	0	0	100	N/A
30. Clear, written policies define term lengths and limits for individual members, as well as compensation.	0	0	100	N/A
31. We review our own structure, including size and subcommittee structure.	0	0	100	N/A
32. We have a process to elect or appoint our chair.	0	0	100	N/A

Overall, what is your assessment of the governing body's impact over the past 12 months, in terms of driving improvements to:	% Poor / Fair	% Good	% Very Good / Excellent	%Agree * Canadian Average
	Organization	Organization	Organization	
33. Patient safety	10	30	60	N/A
34. Quality of care	10	30	60	N/A

Canadian Patient Safety Culture Survey Tool: Community Based Version

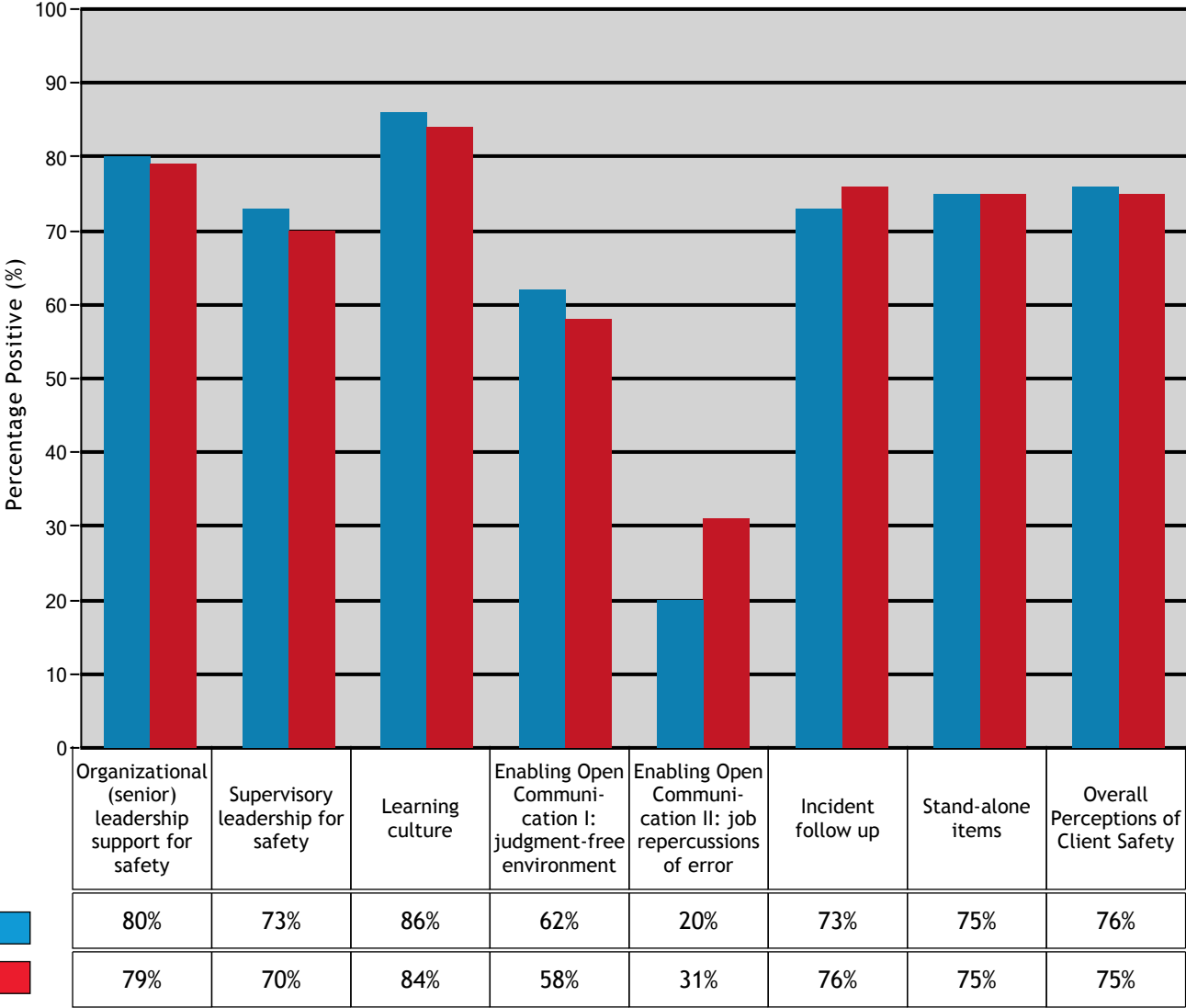
Organizational culture is widely recognized as a significant driver in changing behavior and expectations in order to increase safety within organizations. A key step in this process is the ability to measure the presence and degree of safety culture. This is why Accreditation Canada provides organizations with the Patient Safety Culture Tool, an evidence-informed questionnaire that provides insight into staff perceptions of patient safety. This tool gives organizations an overall patient safety grade and measures a number of dimensions of patient safety culture.

Results from the Patient Safety Culture Tool allow the organization to identify strengths and areas for improvement in a number of areas related to patient safety and worklife.

Accreditation Canada provided the organization with detailed results from its Patient Safety Culture Tool prior to the on-site survey through the client organization portal. The organization then had the opportunity to address areas for improvement. During the on-site survey, surveyors reviewed progress made in those areas.

- **Data collection period: February 14, 2017 to April 6, 2017**
- **Minimum responses rate (based on the number of eligible employees): 69**
- **Number of responses: 70**

Canadian Patient Safety Culture Survey Tool: Community Based Version: Results by Patient Safety Culture Dimension



Legend

- Canadian Mental Health Association - Haliburton, Kawartha, Pine Ridge Branch
- * Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2017 and agreed with the instrument items.

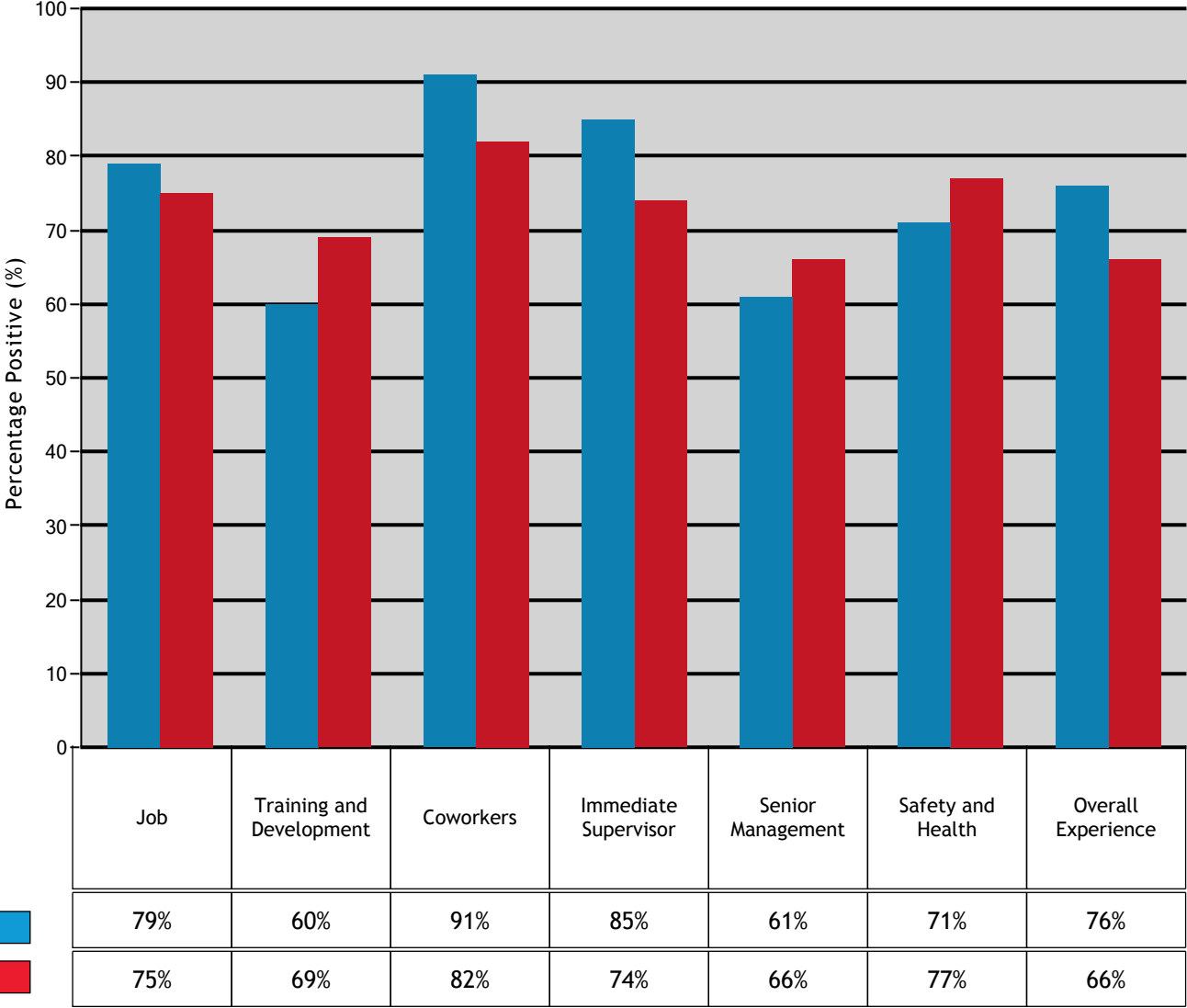
Worklife Pulse

Accreditation Canada helps organizations create high quality workplaces that support workforce wellbeing and performance. This is why Accreditation Canada provides organizations with the Worklife Pulse Tool, an evidence-informed questionnaire that takes a snapshot of the quality of worklife.

Organizations can use results from the Worklife Pulse Tool to identify strengths and gaps in the quality of worklife, engage stakeholders in discussions of opportunities for improvement, plan interventions to improve the quality of worklife and develop a clearer understanding of how quality of worklife influences the organization's capacity to meet its strategic goals. By taking action to improve the determinants of worklife measured in the Worklife Pulse tool, organizations can improve outcomes.

The organization used an approved substitute tool for measuring the quality of worklife but did not provide Accreditation Canada with results.

Worklife Pulse: Results of Work Environment



Legend

- Canadian Mental Health Association - Haliburton, Kawartha, Pine Ridge Branch
- * Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2017 and agreed with the instrument items.

Client Experience Tool

Measuring client experience in a consistent, formal way provides organizations with information they can use to enhance client-centred services, increase client engagement, and inform quality improvement initiatives.

Prior to the on-site survey, the organization conducted a client experience survey that addressed the following dimensions:

Respecting client values, expressed needs and preferences, including respecting client rights, cultural values, and preferences; ensuring informed consent and shared decision-making; and encouraging active participation in care planning and service delivery.

Sharing information, communication, and education, including providing the information that people want, ensuring open and transparent communication, and educating clients and their families about the health issues.

Coordinating and integrating services across boundaries, including accessing services, providing continuous service across the continuum, and preparing clients for discharge or transition.

Enhancing quality of life in the care environment and in activities of daily living, including providing physical comfort, pain management, and emotional and spiritual support and counselling.

The organization then had the chance to address opportunities for improvement and discuss related initiatives with surveyors during the on-site survey.

Client Experience Program Requirement	
Conducted a client experience survey using a survey tool and approach that meets accreditation program requirements	Met
Provided a client experience survey report(s) to Accreditation Canada	Met

Appendix A - Qmentum

Health care accreditation contributes to quality improvement and patient safety by enabling a health organization to regularly and consistently assess and improve its services. Accreditation Canada's Qmentum accreditation program offers a customized process aligned with each client organization's needs and priorities.

As part of the Qmentum accreditation process, client organizations complete self-assessment questionnaires, submit performance measure data, and undergo an on-site survey during which trained peer surveyors assess their services against national standards. The surveyor team provides preliminary results to the organization at the end of the on-site survey. Accreditation Canada reviews these results and issues the Accreditation Report within 10 business days.

An important adjunct to the Accreditation Report is the online Quality Performance Roadmap, available to client organizations through their portal. The organization uses the information in the Roadmap in conjunction with the Accreditation Report to ensure that it develops comprehensive action plans.

Throughout the four-year cycle, Accreditation Canada provides ongoing liaison and support to help the organization address issues, develop action plans, and monitor progress.

Action Planning

Following the on-site survey, the organization uses the information in its Accreditation Report and Quality Performance Roadmap to develop action plans to address areas identified as needing improvement.

Appendix B - Priority Processes

Priority processes associated with system-wide standards

Priority Process	Description
Communication	Communicating effectively at all levels of the organization and with external stakeholders.
Emergency Preparedness	Planning for and managing emergencies, disasters, or other aspects of public safety.
Governance	Meeting the demands for excellence in governance practice.
Human Capital	Developing the human resource capacity to deliver safe, high quality services.
Integrated Quality Management	Using a proactive, systematic, and ongoing process to manage and integrate quality and achieve organizational goals and objectives.
Medical Devices and Equipment	Obtaining and maintaining machinery and technologies used to diagnose and treat health problems.
Patient Flow	Assessing the smooth and timely movement of clients and families through service settings.
Physical Environment	Providing appropriate and safe structures and facilities to achieve the organization's mission, vision, and goals.
Planning and Service Design	Developing and implementing infrastructure, programs, and services to meet the needs of the populations and communities served.
Principle-based Care and Decision Making	Identifying and making decisions about ethical dilemmas and problems.
Resource Management	Monitoring, administering, and integrating activities related to the allocation and use of resources.

Priority processes associated with population-specific standards

Priority Process	Description
Chronic Disease Management	Integrating and coordinating services across the continuum of care for populations with chronic conditions

Priority Process	Description
Population Health and Wellness	Promoting and protecting the health of the populations and communities served through leadership, partnership, and innovation.

Priority processes associated with service excellence standards

Priority Process	Description
Blood Services	Handling blood and blood components safely, including donor selection, blood collection, and transfusions
Clinical Leadership	Providing leadership and direction to teams providing services.
Competency	Developing a skilled, knowledgeable, interdisciplinary team that can manage and deliver effective programs and services.
Decision Support	Maintaining efficient, secure information systems to support effective service delivery.
Diagnostic Services: Imaging	Ensuring the availability of diagnostic imaging services to assist medical professionals in diagnosing and monitoring health conditions
Diagnostic Services: Laboratory	Ensuring the availability of laboratory services to assist medical professionals in diagnosing and monitoring health conditions
Episode of Care	Partnering with clients and families to provide client-centred services throughout the health care encounter.
Impact on Outcomes	Using evidence and quality improvement measures to evaluate and improve safety and quality of services.
Infection Prevention and Control	Implementing measures to prevent and reduce the acquisition and transmission of infection among staff, service providers, clients, and families
Living Organ Donation	Living organ donation services provided by supporting potential living donors in making informed decisions, to donor suitability testing, and carrying out living organ donation procedures.
Medication Management	Using interdisciplinary teams to manage the provision of medication to clients

Priority Process	Description
Organ and Tissue Donation	Providing organ and/or tissue donation services, from identifying and managing potential donors to recovery.
Organ and Tissue Transplant	Providing organ and/or tissue transplant service from initial assessment to follow-up.
Point-of-care Testing Services	Using non-laboratory tests delivered at the point of care to determine the presence of health problems
Primary Care Clinical Encounter	Providing primary care in the clinical setting, including making primary care services accessible, completing the encounter, and coordinating services
Public Health	Maintaining and improving the health of the population by supporting and implementing policies and practices to prevent disease, and to assess, protect, and promote health.
Surgical Procedures	Delivering safe surgical care, including preoperative preparation, operating room procedures, postoperative recovery, and discharge